



New Starter Form 2017/18

Personal Details of Student

Legal Surname		Previous Surnames:	
Legal Forename			
Middle Name			
Preferred known name			
Date of birth		Male <input type="checkbox"/>	Female <input type="checkbox"/>

Home address

No and street name			
Town			
Postcode		Address tel no	

Emergency Contact Information

Please enter contact details in the order you wish them to be contacted in the event of an emergency. Please include one email address to receive regular school updates and reminders.

*Before completing this section, please read the information on page 4 regarding **Parental Responsibility**.*

Emergency Contact 1

Title	Mr	Mrs	Ms	Miss	Other (please specify)	
Full Name						
Address if different from student address						
Email address						
Contact 1 telephone numbers					√ main contact	Relationship to child
Home					<input type="checkbox"/>	
Mobile					<input type="checkbox"/>	
Work					<input type="checkbox"/>	
Parental Responsibility	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Please √ one to indicate how you have Parental Responsibility			
<input type="checkbox"/> Birth mother <input type="checkbox"/> Parents married at time of birth or jointly adopted child <input type="checkbox"/> Parental responsibility agreement with mother or from a court <input type="checkbox"/> Jointly registered birth with mother (after 1 December 2003)						

Emergency Contact 2

Title	Mr	Mrs	Ms	Miss	Other (please specify)	
Full Name						
Address if different from student address						
Contact 2 telephone numbers					√ main contact	Relationship to child
Home					<input type="checkbox"/>	
Mobile					<input type="checkbox"/>	
Work					<input type="checkbox"/>	
Email address						
Parental Responsibility	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Please √ one to indicate how you have Parental Responsibility			
<input type="checkbox"/> Birth mother <input type="checkbox"/> Parents married at time of birth or jointly adopted child <input type="checkbox"/> Parental responsibility agreement with mother or from a court <input type="checkbox"/> Jointly registered birth with mother (after 1 December 2003)						

Emergency Contact 3 (Optional)

Title	Mr	Mrs	Ms	Miss	Other (please specify)	
Full Name						
Address if different from student address						
Contact 3 telephone numbers					√ main contact	Relationship to child
Home					<input type="checkbox"/>	
Mobile					<input type="checkbox"/>	
Work					<input type="checkbox"/>	
Email address						
Parental Responsibility	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Please √ one to indicate how you have Parental Responsibility			
<input type="checkbox"/> Birth mother <input type="checkbox"/> Parents married at time of birth or jointly adopted child <input type="checkbox"/> Parental responsibility agreement with mother or from a court <input type="checkbox"/> Jointly registered birth with mother (after 1 December 2003)						

Emergency Contact 4 (Optional)

Title	Mr	Mrs	Ms	Miss	Other (please specify)	
Full Name						
Address if different from student address						
Contact 4 telephone numbers					√ main contact	Relationship to child
Home					<input type="checkbox"/>	
Mobile					<input type="checkbox"/>	
Work					<input type="checkbox"/>	
Email address						
Parental Responsibility	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Please √ one to indicate how you have Parental Responsibility			
<input type="checkbox"/> Birth mother <input type="checkbox"/> Parents married at time of birth or jointly adopted child <input type="checkbox"/> Parental responsibility agreement with mother or from a court <input type="checkbox"/> Jointly registered birth with mother (after 1 December 2003)						

Name of any related student currently at this school

Full name		Relationship to above student	
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Name of any related staff currently employed at this school

Full name		Relationship to above student	
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Medical Information

Dietary needs/ allergies (if any)		
Doctor's name		
Practice name		
Practice address		Practice telephone number
Does your child have any <i>health</i> concerns?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child have a disability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Does your child have an NHS Care Plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes to any of these questions, please give details of the health concern or disability (e.g.: Asthma; Allergy etc.) and any emergency procedures that need to be followed if relevant. If your child currently has a Health Care Plan please attach a copy to this form. All NHS Care Plans will be reviewed on transition to Upper School.		
Does your current school hold any medication for your child?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Any other information relating to your child's health that you feel the school should be aware of:		

Additional Information

Ethnic Group	(Please tick one of the boxes below)	
White	- British	<input type="checkbox"/>
	- Irish	<input type="checkbox"/>
	- Traveller of Irish Heritage	<input type="checkbox"/>
	- Gypsy/Roma	<input type="checkbox"/>
	- Italian	<input type="checkbox"/>
	- White Western European	<input type="checkbox"/>
Mixed	- White and Black Caribbean	<input type="checkbox"/>
	- White and Black African	<input type="checkbox"/>
	- White and Asian	<input type="checkbox"/>
	- Any other Mixed background	<input type="checkbox"/>
Asian	- Indian	<input type="checkbox"/>
	- Pakistani	<input type="checkbox"/>
	- Bangladeshi	<input type="checkbox"/>
	- Any other Asian background	<input type="checkbox"/>
Black	- Caribbean	<input type="checkbox"/>
	- African	<input type="checkbox"/>
	- Any other Black background	<input type="checkbox"/>
Chinese		<input type="checkbox"/>
Any other ethnic background		<input type="checkbox"/>
Prefer not to say		<input type="checkbox"/>

Court Orders
Are any court orders applicable to your child? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give further details below
Is your child adopted? Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your child ever been subject to an adoption, residency or guardianship order following a placement in Local Authority care? Yes <input type="checkbox"/> No <input type="checkbox"/>

Nationality		Country of birth	
Religion			
Child's First Language			
Languages spoken at home	English Yes / No Other:		

Travel Arrangements

(please tick relevant box)

Walk <input type="checkbox"/>	Cycle <input type="checkbox"/>	Car/Van <input type="checkbox"/>	Car Share* <input type="checkbox"/>	Taxi <input type="checkbox"/>	Train <input type="checkbox"/>	Other <input type="checkbox"/>
Public Service Bus <input type="checkbox"/>		School Bus <input type="checkbox"/>		Bus (type not known) <input type="checkbox"/>		

* car share – where you collect a child from another household on your way to the school or your child is collected by a parent of another household on their way to school

Parental Consent

(please tick relevant box. If none ticked, we will assume that consent is given)

Do you give permission for your child to be registered on the Biometric Cashless Catering System? (for details, see school website) Yes No

Do you agree to the school passing information to the Local Authority Youth Support Services? Yes No

Service Children

Is either Parent/Carer of the child a member of the Armed Forces (category 1 or 2)? Yes No

Does your child have any Special Educational Needs?

No Yes Statemented

Previous School Attended

Previous school name	
County	

Please read the following information regarding Parental Responsibility

Who has parental responsibility (source: www.gov.uk 01/15)

A mother automatically has parental responsibility for her child from birth.

A father usually has parental responsibility if he is:

- married to the child's mother
- listed on the birth certificate (after a certain date, depending on which part of the UK the child was born in)

You can apply for parental responsibility if you don't automatically have it.

Births registered in England and Wales

- If the parents of a child are married when the child is born, or if they've jointly adopted a child, both have parental responsibility. They both keep parental responsibility if they later divorce.
- An unmarried father can only get legal responsibility for his child in 1 of 3 ways:
 1. jointly registering the birth of the child with the mother (from 1 December 2003)
 2. getting a parental responsibility agreement with the mother
 3. getting a parental responsibility order from a court

I agree that the information given in this form is accurate and will endeavour to inform the school of any changes to the details given at the earliest opportunity by emailing the changes to changedetails@harlington.org.

Signature of Parent/Carer _____

Print name _____ Date _____

Data Protection Act 1998

Please note that personal details supplied on this form will be held and/or computerised by **Harlington Upper School** for Education purposes. The information will be disclosed and held by the Local Education Authority, the DfE (Department for Education), the STA (Standards and Testing Agency) and the Youth Support Service where children are aged 13 or above. Full details of the purposes and use made of the information provided are available on our website <http://www.harlington.org/policies--guidance>. Your personal details will be safeguarded and will not be divulged to any other individuals or organisations for any other purposes.